i Tables de T.

# Western Psychiatric Institute and Clinic

of UPMC Presbyterian Shadyside

Patient Name. JARZYNKA JR, RICHARD

Patient ID. 00095180

PLAT			which is a second of the secon	·		
		000.00		Severity BAO Spe	cifier Billable	
1	Primary	296 80	Bipolar Disorder NOS	N	Υ	
3	Additional	799 9	Diagnosis deferred	N	Υ	
	Foonemic of	obloma	Para long and a long a long and a long a long and a long and a long a long and a long and a long a long a long and a long and a long a lo	Specifier	A	
ļ	Economic problems		e g , extreme poverty, inadequate finances, insufficient welfare supp			
2	Other psychosocial and environmental problems		e g , exposure to disasters, war, o			
			hostilities, discord with nonfamily caregivers such as counselor, social			
		•	worker, or physician, unavailabilit	y of		
			social service agencies			
	TV	me i di		THE SECTION AND ASSESSED.	tin .	
1	50 Current		Serious symptoms (e.g. suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school			
			functioning (e.g. no friends, unab		oupulo.idi, oi ooilo	•

#### **Medication Education:**

I discussed the reasons for and potential benefits of the new medication

I reviewed the side effects, FDA warnings, and interaction profiles of relevant medications

The Patient/Guardian asked appropriate questions, appeared to understand the answers, and decided to accept the treatment and continue being followed

The Patient/Guardian is aware that no hazardous machinery including cars, should be operated (nor should the Patient do activities like crossing the street) when cognitive and motor functions are not completely intact and the patient is not perfectly alert

The Patient/Guardian is aware of the risks of using alcohol and/or substances and of the risk of combining alcohol and/or substances with the medications that are currently being prescribed

The Patient/Guardian is aware of the need to refer to the closest emergency room (WPICDEC - 412-624-2000) or call 911 in case new symptoms arise or in case the existing symptoms worsen

The Patient/Guardian is aware that this would apply to symptoms like suicidal ideation, homicidal ideation, high risk behaviors, manic symptoms, psychotic symptoms, physical symptoms, or any other symptoms that may be dangerous to self or others

### **Treatment Recommendations:**

Continue with current medication. Follow up in three months

## **Alleraies**

Pt denies

Medications reconciled including but not limited to prescribed medications (including samples), over the counter drugs, topical medications, eye drops, inhalants, pharmacologically active herbal supplements Nο

Pregnant:

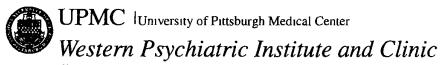
Weeks.

Lactating:

Comments:

#### 00095180

# JARZYNKA JR, RICHARD



Western Psychiatric Institute and Clinic is part of UPMC Presbyterian Shadyside

JARZYNKA JR, RICHARD Patient ID: 00095180

Program:

WPIC/ER/PEIS/7926

**Service Date:** 

09/28/2010 07:54 PM

**Physician Start Time:** 

01 56 AM

Service:

Track Zero Established Patient

Note Type:

TRACK ZERO NOTE (RETURNING)

Service Provided by:

PETER MURRAY, M D

#### CHIEF COMPLAINT / REASON FOR PRESENTATION

Upset about troubles with restless legs, concerned that may be due to Lamictal

#### **PSYCHIATRIC HISTORY OF PRESENT ILLNESS**

(including at least 1 HPI\* element + any pertinent ROS\* findings)

48 yo SWM active in treatment with Dr. Mullick / Gerald Price here, long dx with Bipolar Disorder (NOS vs. Type I), feeling stable mood-wise lately, and in fact about to go to Kentucky to do some public speaking related to his recent publication, "Blessed With Bipolar." Has been having trouble with restless legs, even up into back and arms at times, which particularly has disturbed his sleep. Recently got information that Lamictal may be contributory, which upset him. He has been on Requip up to 3 mg (had to go down to 2 mg due to mental side effects), but this has not helped him much. He also notes that Klonopin gave him paradoxical hyperactivity once, and that Ativan slows him down mentally unacceptably. He has an appt with a neurologist coming up at some point, and is taking some supplements (Mg, Calcium, Potassium) on advice from a nutritionist, in case that will help him. He had a trial of iron supplement in the recent past as well, which was unhelpful. By the time I came to shift, the patient had long expressed his dissatisfaction at the long wait, he and I had a brief conversation about his history, and his plans for treatment, to which I added my endorsement. He will also consider asking neurologist about a sleep study.

#### MENTAL STATUS EXAM (complete all)

Appearance / Behavior adult WM in neat, casual attire, pleasant

Mood / Affect mood upset, affect euthymic, broad

Speech normal

Thought Form / Associations organized

Thought Content denying any desire to harm himself or others, no delusions

Perception denies hallucinations

Orientation to Time, Place & Person full

Recent and Remote Memory recent / remote events recalled consistently

Judgment / Insight insight high, judgment good

Other (if any)

RATIONALE FOR DISCHARGE (including lethality assessment)

Asking to leave, no evident lethality, already in treatment, appears medically stable for discharge

DISCHARGE INSTRUCTIONS (including appt time, date, location and therapist / MD, if applicable)

WPIC Form Version 4 30

r - CCE "-o \* , ,

Version 430 EXHIBIT C PAGE 1

S. E FIDERIL BULL

THE STATE OF CREATERS

o rech floores efforc(777 •

h FORMITION, IS ALSO PAR

Page 1 of 2